

HOUSE ENROLLED ACT No. 1001

<http://www.in.gov/legislative/bills/2005/PDF/HE/HE1001.1.pdf>

First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Excerpt of HEA 1001 text related to the Indiana First Steps Program

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SECTION 8. [EFFECTIVE JULY 1, 2005]

FAMILY AND SOCIAL SERVICES, HEALTH, AND VETERANS' AFFAIRS

A. FAMILY AND SOCIAL SERVICES

DIVISION OF FAMILY RESOURCES ADMINISTRATION

CENTRAL REIMBURSEMENT OFFICE PROGRAM ADMINISTRATION

Total Operating Expense 6,399,705 6,399,705

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SECTION 47. IC 5-10-8-7.3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 7.3. (a) As used in this section, "covered individual" means an individual who is:

(1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or

(2) entitled to services under a contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(b) As used in this section, "early intervention services" means services provided to a first steps child under IC 12-17-15-3 and 20 U.S.C. 1432(4).

(c) As used in this section, "first steps child" means an infant or toddler from birth through two (2) years of age who is enrolled in the Indiana first steps program and is a covered individual.

(d) As used in this section, "first steps program" refers to the program established under IC 12-17-15 and 20 U.S.C. 1431 et seq. to meet the needs of:

- (1) children who are eligible for early intervention services; and
- (2) their families.

The term includes the coordination of all available federal, state, local, and private resources available to provide early intervention services within Indiana.

(e) As used in this section, "health benefits plan" means a:

(1) self-insurance program established under section 7(b) of this chapter to provide group health coverage; or

(2) contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(f) A health benefits plan that provides coverage for early intervention services shall reimburse the first steps program for payments made by the program for early intervention services that are covered under the health benefits plan.

~~(g) The reimbursement required under subsection (f) is limited to an annual maximum benefit of three thousand five hundred dollars (\$3,500) per first steps child.~~

~~(h)~~ (g) The reimbursement required under subsection (f) may not be applied to any annual or aggregate lifetime limit on the first steps child's coverage under the health benefits plan.

~~(i)~~ (h) The first steps program may pay required deductibles, copayments, or other out-of-pocket

expenses for a first steps child directly to a provider. A health benefits plan shall apply any payments made by the first steps program to the health benefits plan's deductibles, copayments, or other out-of-pocket expenses according to the terms and conditions of the health benefits plan.

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SECTION 113. IC 12-17-15-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 3. (a) As used in this chapter, "early intervention services" means developmental services that meet the following conditions:

- (1) Are provided under public supervision.
- ~~(2) Are provided at no cost, except where federal or state law allows for a system of payments by families, which may include a sliding scale of fees.~~
- (2) Have the state as the payor of last resort.**
- (3) Are designed to meet the developmental needs of infants and toddlers with disabilities in at least one (1) of the areas specified in section 4(a)(1) of this chapter.
- (4) Meet all required state and federal standards.
- (5) Are provided by qualified personnel, including the following:
 - (A) Early childhood special educators, early childhood educators, and special educators.
 - (B) Speech and language pathologists and audiologists.
 - (C) Occupational therapists.
 - (D) Physical therapists.
 - (E) Psychologists.
 - (F) Social workers.
 - (G) Nurses.
 - (H) Nutritionists.
 - (I) Family therapists.
 - (J) Orientation and mobility specialists.
 - (K) Pediatricians and other physicians.
- (6) To the maximum extent appropriate, are provided in natural environments, including the home and community settings in which children without disabilities participate.
- (7) Are provided in conformity with an individualized family service plan adopted in accordance with 20 U.S.C. 1435.
- (b) The term includes the following services:
 - (1) Family training, counseling, and home visits.
 - (2) Special instruction.
 - (3) Speech and language pathology and audiology.
 - (5) Physical therapy.
 - (6) Psychological services.
 - (7) Service coordination services.
 - (8) Medical services only for diagnostic, evaluation, or consultation purposes.
 - (9) Early identification, screening, and assessment services.
 - (10) Other health services necessary for the infant or toddler to benefit from the services.
 - (11) Vision services.
 - (12) Supportive technology services.
 - (13) Transportation and related costs that are necessary to enable an infant or a toddler and the infant or toddler's family to receive early intervention services.

SECTION 114. IC 12-17-15-17 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 17. (a) Upon the recommendations of the council, the division shall adopt rules under IC 4-22-2 providing for a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs that provide appropriate early intervention services to all infants and toddlers with disabilities and their families to the extent required under 20 U.S.C. 1431 through 1445.

- (b) Rules adopted under this section must, to the extent allowed by federal law, include a cost

participation plan for charges and fees imposed for programs and services described in subsection (a).
(c) A cost participation plan adopted under this section must provide for cost participation **per family** according to the following schedule:

Percentage of Copayment Maximum
Federal Income Per Monthly
Poverty Level Treatment Cost Share
At But Not
Least More Than

0%	350%	\$ 0	\$ 0
351%	450%	\$ 5	\$ 25
451%	550%	\$ 10	\$ 50
551%	650%	\$ 15	\$ 75
651%	750%	\$ 20	\$ 100
751%	850%	\$ 25	\$ 125
851%	1000%	\$ 30	\$ 150
1001%		\$ 36	\$ 180
0%	250%	\$ 0	\$ 0
251%	350%	\$ 3	\$ 24
351%	450%	\$ 6	\$ 48
451%	550%	\$ 15	\$ 120
551%	650%	\$ 25	\$ 200
651%	750%	\$ 50	\$ 400
751%	850%	\$ 75	\$ 600
851%	1000%	\$ 100	\$ 800
1001%		\$ 120	\$ 960

~~The schedule of cost participation required under this subsection expires July 1, 2005.~~

(d) In addition to the schedule of cost participation required under subsection (c), a cost participation plan adopted under this section:

(1) must:

(A) be based on income and ability to pay;

(B) provide for a review of a family's cost participation amount:

(i) annually; and

(ii) within thirty (30) days after the family reports a reduction in income; and

(C) allow the division to waive a required copayment if

~~(i) other medical expenses or personal care needs expenses for any member of the family reduce the level of income the family has available to pay copayments under this section;~~

~~or~~

~~(ii) the program receives payment from the family's health care coverage; and~~

(2) may allow a family to voluntarily contribute payments that exceed the family's required cost participation amount. ~~and~~

~~(3) must provide that the division may not receive more than three thousand five hundred dollars (\$3,500) per eligible child per year from a family's health care coverage.~~

(e) Funds received under a cost participation plan adopted under this section must be used to fund programs described in subsection (a).

(f) The budget agency shall annually report to the health finance commission and the budget committee the following information concerning the funding of the program under this chapter:

(1) The total amount billed to a federal or state program each state fiscal year for services provided under this chapter, including the following programs:

(A) Medicaid.

(B) The children's health insurance program.

(C) The federal Temporary Assistance to Needy Families (TANF) program (45 CFR 265).

(D) Any other state or federal program.

(2) The total amount billed each state fiscal year to an insurance company for services provided under this chapter and the total amount reimbursed by the insurance company.

(3) The total copayments collected under this chapter each state fiscal year.

(4) The total administrative expenditures.

The report must be submitted before September 1 for the preceding state fiscal year in an electronic format under IC 5-14-6.

NOTE: As of 08-08-2005 the Indiana Code online at <http://www.state.in.us/legislative/ic/code/> has **not** been updated with the 2005 legislation for First Steps.